U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



1, File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	01/01/2004 Through: 12/31/2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name THERESA M. SHEARER	Name JOHNSTOWN MUSICAL SOCIETY LOCAL #41, A.F. of M. Labor Organization File Number 043-867
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 117 LEILA ST.	Street 621 GOUCHER ST.
CHY JOHNSTOWN	CHY JOHNSTOWN
State PA ZIP Code +4 15905	State PA ZIP Code + 4 / 5905
5. Position in labor organization. EXECUTIVE BOARD MEMBER	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	1
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	i

· Signature

15. Signature and verification. The undersigned declares, under penalty of Perfury and other applicable penalties of the law, that all of the information		
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the		
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		

Signed Three M. Shearer

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. ZiP Code + 4304)

april 18 and 18 and 18

On 7/9/05

814-255-7133 Telephone Number

Form LM-30 (2003)

City

State

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
Name and address of Business (including trade name, if any).	9. Business deals with:
Name	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bidg., Room No., if any	b. Trust
	c. Employer
Street	
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	1
Trade Name, if any:	NA
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
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NA	7 /
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	12.b. Amount. <b>\$</b> O
C. Received from any employer (other than an employer covered undoor from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.s. Nature of payment.
Name	
Trade Name, if any:	1
, \ <b>N</b>	1 1 +4

14.b. Amount of payment.

Street

City

State

P.O. Box, Bldg., Room No., if any

13.b. Is the Business an Employer

ZIP Code + 4

7

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